

THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Globe</u>		BUREAU OF VITAL STATISTICS. Ter. Index No. <u>123</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. <u>110</u>	
Town of _____		Local Registrar's No. _____	
or City of <u>Globe</u>		(No. _____ St; _____ Ward)	
FULL NAME OF CHILD <u>Harry Edwin Stewart</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>M</u>	and Number in order of birth <u>2</u>	Legit- mat? <u>yes</u>	Date of Birth <u>May 15</u> 19 <u>11</u>
FATHER		MOTHER	
Full Name <u>Edwin Stewart</u>	Full Maiden Name <u>Emma Scott Stewart</u>		
Residence <u>Maple St</u>	Residence <u>Maple St</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>		
Age at last Birthday <u>35</u> (Years)	Age at last Birthday <u>27</u> (Years)		
Birthplace <u>Mo</u>	Birthplace <u>Idaho</u>		
Occupation <u>Engineer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, May 15 1911, at 2.9 M,

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) R. J. S. I. O. (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1911

Address Globe

823-515-523
COUNTY REGISTRAR.

Filed May 20 1911
Filed 6/5 1911

R. J. S. I. O.
LOCAL REGISTRAR.
R. J. S. I. O.
COUNTY REGISTRAR.